

## **Executive Summary**

**Health Care Financing Administration  
National Medicare Education Program  
Coordinating Committee Meeting  
Loews L'Enfant Plaza Hotel  
Washington, D.C.  
July 26, 2000**

The July meeting of the Health Care Financing Administration's (HCFA) National Medicare Education Program (NMEP) Coordinating Committee was held on Wednesday, July 26, 2000, from 9 a.m. to 1 p.m., at the Loews L'Enfant Plaza Hotel in southwest Washington, D.C. A list of attendees is provided in Attachment A.

### **Meeting Topics and Synopsis**

#### ***Welcome and Introductions—Elisabeth Handley***

Ms. Handley welcomed the Coordinating Committee members, reviewed the agenda, and asked members to introduce themselves. Ms. Handley said the issues under discussion would include the following:

- Programs to educate beneficiaries about long-term care
- Non-renewal
- In-depth sharing of data by the forum
- Outpatient Prospective Payment System
- The redesigned NMEP partners' Web site with a demonstration of how it looks and works, and
- Topics for next meeting.

#### ***NMEP Update— Elisabeth Handley***

Ms. Handley provided the participants with an update of recent and upcoming NMEP-related activities.

#### **Extensive Training Begins in September**

Ms. Handley said that the partnership is continuing its extensive training regimen with Medicare audiences. The training exercise has two forms: partner training at the regional level and training begun last year with the satellite disability network and county extension service as a way to bridge the digital divide. Every year since the inception of the NMEP Alliance, partner training has been conducted.

- The training conducted at the Regional Offices is being made available to all of the national partners. The program takes place on September 14 at the Wyndham City Center in Washington D.C., from 9:00 a.m. to 4:00 p.m. The objective of the training is to have the participants become more knowledgeable about Medicare and to increase their ability to provide effective education and counseling to Medicare beneficiaries.
  - Other topics include changes like new legislation, such as the Balanced Budget Refinement Act of 1999
  - Registration information for the course, which is designed to address multiple audience levels, will be available on the NMEP Partner Web site soon.
- Last year HCFA offered a satellite teleconference, co-sponsored with the Spry Foundation, which people in many communities across the Nation viewed as a tool for learning about HCFA programs. The program was designed to give people at the local level the opportunity to hear Medicare information from HCFA.

### **Youth Helps the Elderly Bridge the Digital Divide For Medicare**

The Center for Beneficiary Services (CBS) is also working with the U.S. Department of Agriculture (USDA) by reaching out to its Cooperative Extension Service on an exciting pilot program to bridge the generation gap. Youth associated with the 4-H program are teaching seniors how to navigate the Internet as it pertains to Government services. Ms. Handley said that youth who are very knowledgeable about the Web are teaching seniors who know very little to use computers to get vital information from the **www.medicare.gov** Web site.

- In this project that bridges the digital divide, HCFA is also linking with Cooperative Extension agents in each of the 3,100 counties. Ms. Handley noted that HCFA is excited about the collaboration with this potentially large audience of extension agents built with the help of Anna Mae Kobbe of USDA. The linkage is designed to supply the agents' informational needs by providing training materials for community outreach about Medicare and on the Internet.
- HCFA launched a pilot in seven States last August that was advertised recently in the *Montgomery Journal* and on National Public Radio.

### **Medicare Choices Helpline (1-800-MEDICARE) Calls Up 42.5% and Web Site Shows Volume Increase**

Billing questions were the major subject of calls to the 1-800 MEDICARE toll-free telephone line during a remarkably active period that peaked between July 6 and 12. There were many calls related to the Social Security Administration.

Volume was up during the 35th anniversary of Medicare during which the Web site, **www.medicare.gov**, had over a million page views.

The pages receiving the most frequent hits are getting over one million page views per month. Last month, the hits numbered 1.3 million, and the top most visited areas of the site were:

1. Nursing Home Compare
2. Nursing Home Section
3. Medicare Health Plan Compare
4. Medicare Basics
5. Medigap Compare.

### ***Medicare & You Handbook Reflects Program's 35th Anniversary***

Department of Health and Human Services (DHHS) Secretary Shalala hosted a big event on July 12th celebrating Medicare and Medicaid's 35th anniversaries, including speeches from beneficiaries reflecting the Agency's diligent work to establish and broaden the Medicare program and its new preventive benefits. Ms. Handley stated that several "centurions" both locally and in the regions talked about the value of the Medicare program in their lives and their hope that Medicare would be around for generations to come.

Important publications including a Medicare profile report and a beneficiary kit, which will be distributed to partners, were displayed. There was a satellite downlink to the HCFA Regional Offices, which included some additional sites.

### ***Long-Term Care Insurance Becomes a Pressing Need—Sheila Wilcox***

Sheila Wilcox, of the Beneficiary Program Promotion & Assessment Group (BPPAG) in CBS, discussed the consumer information campaign for long-term care. She said that a Consumer Information Campaign in Long-term Care is required principally for these reasons:

- As we live longer, we will need more options to cover the more than 5 million people over 65.
- We will see large growth in that number by 2030.
- The number will jump from 34.3 million now to 69.4 million in the next 30 years.
- One in five will be elderly and the number over 65 will double.
- Nearly 60 percent of the population is unaware that Medicare does not cover most long-term care needs.
  - In other words, most people do not know what options are available or what options they will need.

HCFA plans to do the following regarding long-term care:

- Award a contract for a 2-year, nationwide communications campaign aimed at current and future beneficiaries and caregivers to convey critical information that will help them understand their long-term care options. (The RFP went out recently and has not been awarded. Upon award of the contract, a presentation will be made to the Coordinating Committee.)

- Upon award of the contract, develop community-based pilots that partner with different groups to address such issues as, insurance, financial planning, consumer information, and where consumers can get help.
- Apply the findings from the community-based pilots to design a national campaign.

HCFA plans to address the following issues: what Medicare and Medicaid do and do not cover; what to look for in a quality long-term care policy; service delivery options; and how to get good health care services in the community.

HCFA will partner with organizations at the community level and develop and disseminate culturally appropriate materials to meet the needs of Medicare beneficiaries now and in the future.

### **New RFP Published for Developing a Long-term Care Campaign for Medicare Beneficiaries and their Caretakers**

- HCFA needs to design a campaign to explain the long-term care needs for now and in future.
- Currently, HCFA is in the procurement stage of this project and hopes to help the organizations understand the difference between the long- and short-term care.
- Beneficiaries still do not grasp the distinction between their long-term needs and a basic understanding of long-term care; without this understanding, a major movement to long-term care cannot take place.
- The RFP will address what long-term care is and how it should be financed.
- HCFA wants to rely on a social marketing model and use proven research methods such as focus testing and surveys, both qualitative and quantitative.
- HCFA would like to access consumers' perceptions (e.g., what they believe; what they think; what they feel; and, how they act regarding long-term care).
- Some preliminary studies show that most people do not think about long-term care until the need arises.
- Long-term care policies are part of something that current and future Medicare beneficiaries and caregivers need to know about in pursuing their long-term care options.

### **Questions From the Audience—Long-Term Care—All Participants**

- **Q:** Is it your objective to educate people to buy long-term health insurance or to help them understand the difference between long-term care and Medicare benefits?
- **A:** The objective is to help people understand the different options available and to help them weigh those decisions. Everybody is different; they will have to decide what is best for themselves.
- **Q:** What is the target population?

- **A:** It is current and future Medicare beneficiaries—people who are 65 and older and the people who are decision-makers, the people who care for them, and people who someday will be in that same position.
- **Q:** Will you be focusing on the entire range of long-term care, including assisted living options, which are not covered under Medicare and Medicaid, and will you show how those relate to the other spectrum?
- **A:** Yes, the entire spectrum of long-term care will be the focus.
- **Q:** Will you explain what long-term care is and how it is financed?
- **A:** Yes, to help beneficiaries understand the different options available, what Medicare covers, what it does not cover, and to help recipients weigh those decisions. Everyone has different needs, and those needs change. We will have to help find out what is best for each individual and help them plan for that.
- **Q:** Do you envision, as the next phase of your communications campaign, expanding your program like Medicare + Choice to provide insurance options? For example, along with the premiums, will you expand into providing such specifics as different insurance companies that could be contacted and other options?
- **A:** At this point, it is too early to say what the expansion would be to the program.

***www.nmep.org: Why Did HCFA Redesign the NMEP Partners Web Site?—Joe Slattery***

Joe Slattery opened his demonstration of the redesigned Partners Web site with a discussion of the reasons behind the change. He stated that HCFA wanted to improve the site to make it a portal to the accurate, timely, useable information that HCFA has to offer and to assist the partners in working with Medicare beneficiaries. He said the Agency wanted also to create a site that would enhance opportunities for communication between the partners and HCFA, and among and between partners. He said the new site would:

- Improve usability, navigation, and content organization.
- Improve access to the Web site to help HCFA's partners and Regional Office staff accomplish the work they need to do.
- Improve access to accurate, timely, effective information about Medicare and serve as a portal to information about the National Medicare Education Program.
- Expand the site to move into modern technologies.
- Enhance the opportunity for direct partner communications with HCFA and other partners.
- Meet information needs about the Medicare program itself, about the rules and regulations that affect Medicare + Choice plans and any of the new plan options that are coming about.

- Provide quick and easy access to local and national partner events and regional activities for local partners and their affiliates.
- The redesigned Web site is 100-percent compliant with the new ADA guidelines, which went into effect recently. It was tested rigorously by people concerned about disability and access issues.

Additional tools to help partners expand the Web site usage will be arriving in August or September, including a descriptive cover letter, a brochure, a drop-in advertisement and a tabletop display explaining what the Web site can do for users. The new Web site includes links to other sites and downloadable electronic banners that describe important news. Electronic banners will be posted on the Web site in 1 week. HCFA will evaluate usage of the new site at 3-month intervals.

Mr. Slattery said he envisions a time when there will be bulletin boards online for posting questions and receiving responses from partners and HCFA. The bulletin boards would be used:

- For providing information to quickly and easily access local and national partner events
- For calling attention to the latest reports and publications and partner outreach information and tools
- For maintaining accurate, up-to-date contact lists in HCFA Regional Offices and partner organizations.

### **Discussion and Questions—All Participants**

- People should know when they are leaving the Web site and going to Web sites sponsored by others outside HCFA or the Federal Government.
- HCFA must continue to remind people of the availability of the 1-800 MEDICARE toll-free line.
- Are there plans to link partner Web sites? (This is difficult because there are some legal issues to work out including warning people if they are leaving the Web site, and the fact that there is no direct knowledge or control of content on the partner's Web site. This is an issue that all of Government is concerned with.)
- Every time we go to the site, will we be prompted to answer the survey? (No longer.)
- Will it be possible to have an employer group section added to the site? (To be considered)
- Are there plans for translation into Spanish and other languages? (Generally speaking, translations are not available except in Spanish and Chinese languages and only on Medicare.gov)

Mr. Slattery noted in conclusion that all partners should consider widening publicity by mentioning the Web site in their internal newsletters to let others know about the information available. If the partners expand awareness beyond themselves, they will make the best use of limited resources.

## ***Non-Renewals by Plans are a Growing Problem for Beneficiaries and Communities Alike— Cynthia Moreno***

Cynthia Moreno described the non-renewal process. Again, this year, HCFA is using the beneficiary notification process to describe beneficiary rights and protections to Medicare + Choice enrollees affected by non-renewals. Medicare + Choice plans must provide beneficiaries with a letter detailing their rights and options by October 2, 2000. This year, HCFA released instructions for Medicare + Choice organizations regarding beneficiaries who fall into two specific 12-month categories: 1) newly eligible beneficiaries who chose to enroll in a managed care plan as their first experience in Medicare and 2) beneficiaries who are in their first 12 months of a managed care experience. These beneficiaries are permitted to disenroll now rather than when their 12 months expire and have different rights to purchase a Medicare supplemental policy than do other Medicare beneficiaries. In some cases, these beneficiaries should disenroll immediately upon receiving notification from the Medicare + Choice plan rather than waiting for the Medicare + Choice plan non-renewal to take effect on December 31st. A fact sheet on the Web site ([www.medicare.gov](http://www.medicare.gov)) describes these Medigap rights and other issues specific to Medicare + Choice plan non-renewals.

Over fifty percent of the beneficiaries affected were members of Aetna and Cigna, which non-renewed the bulk of their Medicare + Choice contracts. There were 34 States and 467 counties impacted by non-renewals. In Texas alone, 182,000 beneficiaries were affected, and there is no more Medicare managed care in the State of Maine.

Ms. Moreno explained that the closures pose “sticky issues” because of the number of beneficiaries affected. HCFA is concerned about whether the remaining Medicare + Choice organizations can absorb the number of beneficiaries affected by the non-renewals. Plans may indicate that they have reached their capacity limit, she noted, which would allow contractors to close enrollment to new beneficiaries during the upcoming annual and special election periods. She said that HCFA is currently analyzing capacity limit requests from Medicare + Choice organizations so that everyone may be prepared for such problems as limited options for beneficiaries and lack of real-time information in some areas.

### **Discussion—All Participants**

- There may be many plans with approved capacity limits; therefore, there really is a need to get service area capacity information out as soon as possible.
- If a beneficiary lives in a reduced service area, has Medicare Part A and Part B and does not have End Stage Renal Disease, plans must accept enrollment unless they have an approved capacity limit.
- Pending legislation would change the payment rates, so HCFA is planning actively for what would happen if such legislation passes.

***REACH Campaign is local component of National Medicare Education Program—Mike Adelberg***

Mike Adelberg described local activities in REACH—Regional Education About Choices in Health—a campaign to educate residents in communities across the country.

1999 campaign highlights included:

- A Medicare outreach van for reaching isolated areas in the Carolinas
- Partnerships with large businesses
- Cable TV infomercials in Pennsylvania and Delaware
- Thousands of local presentations in health fairs with HCFA regional offices facilitated by partners organizations.

REACH is one of the four primary communication channels for the *Medicare & You* Campaign. It is based on three tenets:

- Local flavor and sensitivities
- Local information
- Timely-accurate information is presented to beneficiaries with a focus on the open enrollment periods.

Thus the focus of REACH is issues important to local communities. Mr. Adelberg said that non-renewals were an example of an important issue addressed by the REACH Campaign. The campaign touched 19 percent of the people impacted by the non-renewals in 1999.

A four-tiered strategy determines the priorities for outreach:

- Limited resources prioritized to the areas of greatest need
- Tiers based on the number of beneficiaries impacted at the county level
- Special considerations for “abandoned counties
- HCFA and partners working together to conduct outreach.

Actions taken to get the word out:

- REACH came up with thresholds and formulas, above which HCFA will commit to activity.
- There are 934,000 people impacted.
- Outreach is focused on abandoned counties and efforts will be made to do something in every one.
- Reach is trying to work with health plans that remain in the area (in non-renewal events).
- Reach is redesigning outreach calendar database.
- NMEP Partners can gain access by visiting Local Medicare events on **[www.medicare.gov/nmep](http://www.medicare.gov/nmep)**.

- REACH is producing a non-renewal tool kit, PowerPoint presentation in a non-renewal template, media materials, a model announcement for posting on public bulletin boards, and media advisory and reference materials.

Mr. Adelberg said he expected to have the kit posted on the NMEP partner Web site at the end of August.

### ***HCFA's State Health Insurance Assistance Programs (SHIP)--Counselors Help Beneficiaries Deal with Non-Renewals—Robert Adams***

HCFA and the SHIPs have a partnership to develop a stronger, more effective working relationship to fulfill a common interest in helping beneficiaries to understand their benefits, rights, and protections and to make informed health care decisions.

SHIPs are:

- In all 50 States, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands
- A National network with over 1,000 sponsoring organizations, 12,000 counselors, and 500 paid full- or part-time staff

SHIP counselors are objective sources of support and assistance who can provide impartial services to beneficiaries about what to do and when to do it in the course of the non-renewal process, Adams said. Their challenge is to learn how to revise services in high-volume demand situations such as that of a non-renewal period.

SHIPs are:

- Holding bi-regional meetings this summer
- Constantly sending out information and holding meetings to consider how best to revise approaches
- Holding conferences to address ways to improve services and support to beneficiaries
- Enhancing telephone recruiting and counselor training
- Upgrading and training counselors wherever they are.

Other accomplishments:

- Providing non-renewal training in New York long before it was a major issue
- Understanding the vital role of meeting with beneficiaries and telling them about available options
- Telling them to be aware of Medigap provisions and keeping the rest of the partners and networks informed.
- All SHIPs have Internet access and telephone hotlines (most toll-free).

### **Audience Questions—All Participants**

**Q:** What is the SHIPs budget? It was \$10 million several years ago.

**A:** In 1997 it was \$10 million. This year it is \$17 million for an annualized total.

### **What the Partners Are Doing To Educate Medicare Beneficiaries—Participants**

- Helping to educate consumers about patient safety and the need for second opinions
- Writing a flyer on HMO pullouts and revising Medicare reference manual
- Revising two issue briefs on educating seniors
- Performing outreach for seniors on Medicare
- Offering a hospital room for small group meetings for meeting space and senior clubs
- Making the Partner Web site available for public service messages
- Building a Medicare Coalition to increase outreach
- Creating a new consumer Web site for seniors
- Working on Diabetes education for National Institute of Diabetes and Digestive and Kidney Diseases
- Working on Medline Plus's excellent new consumer Web site
- Studying the Indian Council on Aging updates on long-term care for the Department of Defense

### ***Outpatient Prospective Payment System (OPPS) Beneficiary Information—Erin Pressley***

“Medicare has changed the way it will pay for outpatient services,” according to Erin Pressley. This in turn will soon impact beneficiary co-payments (effective after August 1, 2000, beneficiaries overall will have lower copayments for most outpatient services). To prepare for beneficiary education, HCFA disseminated to the SHIPs, regional offices, and Medicare contractors and partners key messages and communication strategies designed to answer beneficiary questions in various levels of detail. They developed:

- A standard set of Q&As on the **[www.hcfa.gov](http://www.hcfa.gov)** web site in English and Spanish. The theme is “Medicare has changed the way it pays for hospital outpatient services.”
- An OPPS brochure for beneficiaries, referenced in the *Medicare & You 2001* handbook, is available now on [www.medicare.gov](http://www.medicare.gov) and will be available in late August through the 1-800 MEDICARE phone line.
- A one-page flyer is available in English and Spanish.

### ***Outpatient Prospective Payment System (OPPS) Simplifies System—Parashar Patel***

Parashar Patel of Center for Health Plans and Providers told the Coordinating Committee that the new Outpatient Perspective Payment System (OPPS) was designed to provide incentives for efficiency and simplify the present system in which there are 14 different payment systems. The outpatient payment system provides a management tool for hospitals, which will now pay directly for specific services.

The Balanced Budget Act (BBA) established the prospective payment system (PPS), requiring HCFA to develop ambulatory payment classifications.

Many Ambulatory Payment Classification (APC) beneficiary codes will result in copayments dropping from current rates of over 20 percent to at or under 20 percent to as low as 16 percent. There are no beneficiary payments on outlier payments, transitional passthroughs for drugs, biologicals, and devices, and there are exclusions on payments for special hospitals in certain areas. This applies to all hospitals including such hospitals as psychiatric, rehabilitation, children's, and arthritis. It excludes hospitals in Maryland and critical access hospitals, and such services as ambulance, ICUs, and screening mammography. New York and other States will have a higher wage index and therefore higher payments.

### **Suggested Topics for Next Meeting—All Participants**

The next meeting is scheduled for Wednesday, October 25, 2000. Topics for discussion include:

- Health promotion activities and diabetes education presentation by National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)
- Presentation by National Indian Council on Aging
- Update on non-renewals
- Update on long-term care and Department of Defense Federal Employee Health Benefits project
- Legislative overview of bills “on the Hill”
- Good news about counties having plans moving in and the extent to which national and local organizations are willing to do Medicare education. Also news about how private fee-for service is going, particularly in view of plan non-renewals.